DUPLICATE

M. D. Depot Battalion 1st Depot Battalion, W.O.R. Regiment

AMR.

Regtl. No. 3137303

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

Up 30-9-18

1. Surname: MORRISON,
2. Christian name: John James,
3. Present address: R.R.#1 Richwood, Ont.
4. Military Service Act letter and number: 756785 AC.
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth: September 20th, 1895.
6. Place of birth (town, township or county and country): Blenheim Tp. Oxford Co., Ont ario.
7. Married, widower or single: Single.
8. Religion: Church of England.
9. Trade or calling: Farmer.
10. Name of next-of-kin: Mrs. Elizabeth Jane Morrison.
11. Relationship of next-of-kin: Mother,
12. Address of next-of-kin: R.R.#1, Richwood, Ontario. J.N.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: None.
15. Medical Examination under Military Service Act :—
    (a) Place Brantford, Ont. (b) Date Oct.12, 1917. (c) Category A..II.

DECLARATION OF RECRUIT

I, John James Morrison, do solemnly declare that the above particulars refer to me, and are true.

May 30th, 1918.

John James Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	22 yrs.	8 mths.
Height	5 ft.	7¼ ins.
Chest measurement: fully expanded		35 ins.
Chest measurement: range of expansion		31 ins.
Complexion		Fresh,
Eyes		Blue.
Hair		Light.

Distinctive marks, and marks indicating congential peculiarities or previous disease.

RIGHT EYE D 30/20 LEFT EYE D 30/20

HEARING R. Normal. L. Normal.

John L. Young Lieut. Colonel

O. C. 1st Depot Battalion, W. O. R. Depot Btln.

Regt.

Place LONDON, ONT. Date MAY 30 1918

M. F. W. 133.
500M.—5-18.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class 8 (1)

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1. Surname
2. Christian name
3. Present address
4. Military Service Act, 1917, and number
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next-of-kin
11. Relationship of next-of-kin
12. Address of next-of-kin
13. Whether he has served as a member of the Active Militia
14. Whether he is a member of any military or naval service of any
15. Medical Examination under Military Service Act
16. Place: Brant Co. (b) Date: Oct. 12, 1917. (c) Category: A. 1.

DECLARATION OF RECRUIT

I, John Joseph Corbison, do solemnly declare that the particulars given by me and are true.

Signature of Recruit

DESCRIPTION ON CALLING UP

Height	5 ft. 8 in.	Particulars of marks, and marks indicating congenital peculiarities or previous disease
Weight	127 lbs.	
Chest measurement	Fair	
Complexion	Light	
Eyes	Light	
Hair		

Formal Enrolment

Date: MAY 20 1918

Place: LONDON, ONT.

MORRISON JOHN JAMES 3137303 1 D.B.WO.R. 34356

DEMOB.

H

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

M. F. W. 71.—500M.—5-16.
1772—39—961.

NAME MORRISON Jno Jas

REGIMENTAL No. 3/37303 RANK Pte

ENLISTED AT

PROMOTIONS, &c. AND DATE

DATE 30.5-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	No.	Date	
Trans to D Co	151	31-5-18	on 30-5-18
L. W. P	224	12-8-18	from 8-8-18 to 19-9-18
" " "	270	27-9-18	" 19-9-18 to 20-10-18
L. W. P.	302	29-10-18	from 20-10-18 to 7-11-18
" " "	309	5-11-18	" 1-11-18 to 23-11-18
" " "	315	11-11-18	" 23-11-18 to 7-12-18
" " "	340	6-12-18	" 6-12-18 until further orders
Trans to H.L. Co.	340	6-12-18	on 7-12-18
Rejd from L.W.P.	21	21-1-19	on 20-1-19.
discharged P.O. 1357	21	21-1-19	on 20-1-19 Demobilization

1

H. Q.

M. D. No. 1

T. O. S. May 30th 1918

D. O. Pt. II 133 of 13/5/18

S. O. S. Dis. 20-1-1919

Reason Demob.

Auth. Do. 21-21-1-19 / Pwok.

Surname Morrison

Christian names John James

Regtl. No. 313303 Rank Pte

Unit West Ont. Regt. 1st Dep. Bn.

Next of kin Morrison, Mrs. Elizabeth Jane Relationship Mother

Address R.R. #1. Richwood, Ont.

Also notify:

BORN—Place Canada, Blenheim Tp. Ont. Date Sept. 20th 1895

ATTESTED—Place London, Ont. Date May 30th 1918.

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battalion, W.O.R.

Regimental No. 913303 Rank Pte Name Morrison, John James

Enlisted (a) Mar. 1915 Terms of Service (a) 4 Service reckons from (a) 30/5/18

Date of promotion to present rank } ..... Date of appointment to lance rank } ..... Numerical position on roll of N. C. Os. } .....

Extended ..... Re-engaged ..... Qualification (b) Teacher

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		London, Ont. Discharged- Demobilization of Canadian Expeditionary Forces R. O. 1357. W. E. 20- 1- 19.			

Major
For O.C. 1st Depot Battalion W. O. R.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

#456485 Drumbo - 242 Con # 31

M.S.A. 15. A. 2.

MILITARY SERVICE ACT, 1917.

BRANTFORD

MEDICAL HISTORY SHEET.

D

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname MORRISON. Christian name John James.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule

3. Consecutive number on schedule of men reporting for service (if he appears on it) B

4. Address (including street and number, if any) R. R. 1, Richwood, Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of October, 1917, by the undersigned medical board sitting at BRANTFORD

5. Age as stated 21 Years 0 Months. 6. Apparent age 21. Years 0 Months

7. Height 5 Feet 7 1/4. Inches. 8. Weight 127. Pounds.

9. Chest measurement { Minimum 31. Ins. Maximum 35. Ins. } 10. Complexion Fresh. { Eyes Blue. Hair Light. }

11. Physical development. Good. { Good / Fair / Poor } 12. Smallpox marks None.

13. Number of vaccination marks { Right arm . Left arm 1. } 14. When vaccinated last 1909.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

Hearing, - Normal. Eyes, - Left, D/30; Right, D/30.

Nose & Throat, - Normal.

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.2.

R S Palmer President.

Member. H. Moette Member.

Signature of Man John James Morrison

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
3/5/18	Jas Moore	M.O.	31/5/18	Jas Moore	M.O.
		M.O.	5/6/18		M.O.
		M.O.	12/6/18		M.O.

Joined day of MAY 29 1918 191 at LONDON, ONT.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Battalion, W. O. R.	3137363		MAY 29 1918
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result	
London, Ont.	30-5-18.	E N Ballantyne Capt		Pres. Cat. A11
London Ont	20-1-19	W J Robson Capt	Cat. A11	

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname Murrison Christian Name John James

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

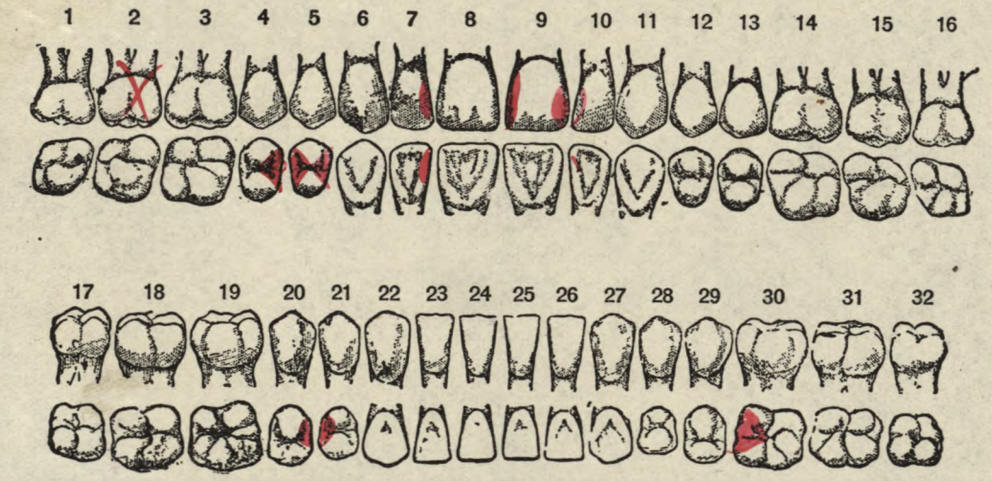
CANADIAN ARMY DENTAL CORPS

DISTRICT 10

NAME OF SOLDIER Morrison John James

REGIMENT W. O. R. RANK PTE. No. 457303

M.F.B. 465
200M-1-17
1772-39 950



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	5/30 1918	6 4-5 9.20 21.30																		K Berry	1	Cav 8.10.11.12. 23.24.26.31.
	Jan 30/19																			A M Drawer	1	Cav. 8-10-11-12-23-24. 26-31 on discharge

Original

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

Jan. P/L. 4-9.

CANADIAN EXPEDITIONARY FORCE.

M. D. 1
No. 12

LAST PAY CERTIFICATE

Regimental No. 3137303 Rank Pte. Name MORRISON. John James
(Surname first)

1ST DEPOT BATTALION
W. O. REGIMENT

Unit ..... who was* discharged

On 20-1-19 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 20-1-19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			17	00
Regimental Pay 20 days at $ 1 c.			17	00
Field Allowance 20 days at $ c. 10			1	70
Separation Allowance				
Clothing Allowance			35	00
Post Discharge Pay				
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges LWP. 1-1-19 to 19-1-19	20	90		
Balance on transfer or on discharge, cheque No. 14793	53	10		
Total	74	00	74	00

*Give particulars.

Kit Clear

A monthly stoppage of $ NIL (†) has ..... (‡) been paid on account of

Assigned Pay for the month of ..... 191.....
and Separation Allce. for month of ..... 191..... } (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 30-5-18 married or single Single

(2) Separation Allowance, entitled or not ZNO (3) Reason for discharge Dem. C E F

(4) Authority for discharge or transfer W. O. R. DO. #21.

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 12 1919

Place LONDON, ONT.

Captain
Paymaster 1st Depot Bn. W. O. R., M. D. No. 1
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

Dent

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3137314 Rank Pte Surname Morrison
(Given name in full) John James

Unit or Corps W.P.R. Birthplace Richwood Ont

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 127 lbs. Height 5 ft. 7 1/4 in. Colour of Eyes Blue

Nutrition good

Pulse 74

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

nil

Opinion as to general health and physical condition good Condition

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at London (Canada)

Date Jan 22 - 1919 Signed W J Martin Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature John A. Monson.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3137303 (Rank) Private

Name (in full) John James Morrison enlisted in

the 1st Depot Battalion W. O. R.

CANADIAN EXPEDITIONARY FORCE at LONDON, ONT. on the thirteenth

day of May 19 18

HE served in Canada

and is now discharged from the service by reason of Demobilization of Canadian Expeditionary Forces, R. O. 1357

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 23 years 3 months

Height 5 ft 7¼ inches

Complexion Fresh

Eyes Blue

Hair Light

Marks or Scars

NIL

John James Morrison
Signature of Soldier

R D Brack
Issuing Officer Major
For O.C. 1st Depot Battalion W. O. R.
Rank

Date of Discharge 20- 1- 19

Appointment

LONDON, ONT.

Signed at this twentieth day of January 19 19

in Military District No. One

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3137303

2 Rank. Private

3. Name. John James Morrison

4. Unit. 1st Depot Battalion W. O. R.

5 Date of Discharge 20- 1- 19 Place LONDON, ONT.

6 Reason for Discharge Demobilization of Canadian Expeditionary Forces

R. O. 1357

Daily Order No. 21- d/ 21-1-19.

7. Authority.

8. Proposed Residence after Discharge C. R. #1

Richmond Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

John James Morrison

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date 20- 1- 19.

Signature R. A. Mack Major

(O. C. Discharging Unit.)

For O.C. 1st Depot Battalion W. O. R.

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM OF DISCHARGE

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 4 [illegible]

2. Rank. Private

3. Name. [illegible] Forrester

4. Unit. 1st Labour Battalion W. O. R.

5. Date of Discharge. 20th 1 - 19 Place LONDON, ONT.

6. Reason for Discharge. Demobilization of Canadian Expeditionary Forces

7. Authority. G. O. 1919

8. Proposed Residence after Discharge. Daily Grass No. 21 - 4/ 27-1-19.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. E. W. T.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date 20 - 1 - 19.

Signature

(O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a